

CRITERIA FOR PRIOR AUTHORIZATION

Dimethyl Fumarate

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Dimethyl Fumarate (Tecfidera®)

CRITERIA FOR MULTIPLE SCLEROSIS (MS) Must meet all of the following:

- Patient must have a diagnosis of multiple sclerosis
- Patient must be 18 years of age or older
- Must be prescribed by or in consultation with a neurologist
- Dose should not exceed 2 capsules per day

LENGTH OF APPROVAL 1 year